



HealthBridge

Delivering results...Transforming health care



Tri-State Regional Extension Center: An Overview

**Kentucky e-Health Network Board
February 2, 2011**

*HealthBridge is one of the nation's
largest and most successful health
information exchange organizations.*

Meaningful use is complex

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To receive incentives, for example, practices have to use technology for:

- Medication and allergy lists
- E-Prescribing
- Access to electronic lab results
- Electronic orders
- Electronic claims submission
- Checking insurance eligibility
- Clinical summary to other providers and patients
- Clinical decision support
- Health information exchange
- Quality reporting to the federal government
- Among others...

- Government regulations are complex.
- Final Rule on “Meaningful Use” expected from HHS by June 30, 2010
- As many as 30% of all EHR implementations fail.
- EHR Selection can be time consuming and risky
- EHR adoption will impact workflow
- EHR use will bring new challenges with regard to security and privacy of patient records
- EHR Implementation alone is not enough

Tri-State REC

Program Information

Tri-State Regional Extension Center (REC)

WHAT IS IT?

- New federally-funded collaboration led by HealthBridge
- **GOAL: Help eligible professionals**
 - implement technology
 - achieve meaningful use and
 - qualify for incentives



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Tri-State Regional Extension Center



HealthBridge Tri-State Regional Extension Center (REC)

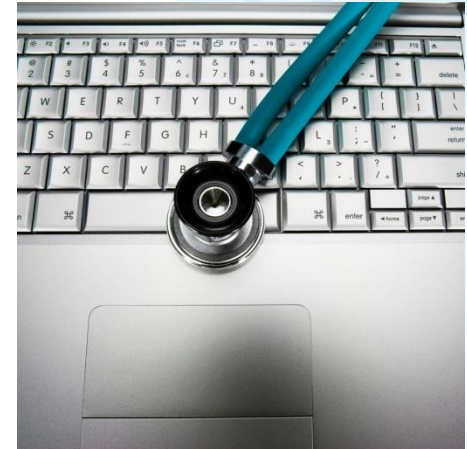
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WHAT SERVICES WILL THE TRI-STATE REC OFFER?

- Basic Resources on Technology and Meaningful Use
- Group Purchased EHRs and Technology Solutions
- On-Site Consulting
- Quality Reporting Support

WHAT REC DOLLARS CANNOT DO:

- Pay for an EHR, hardware or other software

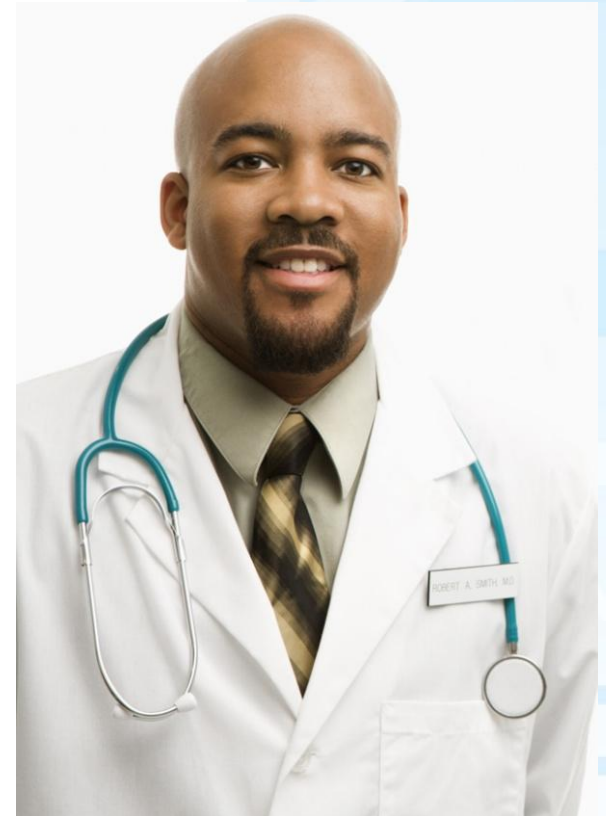


HealthBridge Tri-State Regional Extension Center (REC)

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WHO WILL IT HELP?

- **Priority Primary Care Practitioners (PPCP)**
- Primary Care = *FPs, OB/Gyn, Peds, Int. Med*
- Additional focus on:
 - Small practices (*<10 prescribers; physicians, PAs, ARNPs*)
 - Community health centers
 - Rural clinicians and those with critical access hospitals
 - Practices and clinics that serve the underserved.



Time is money.

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Timeline for maximum payment:

- Stage I applications will be accepted between Jan. 2011 and Dec. 2012
- Implementing an EHR takes ~ 12 mos.
- If you haven't started planning for an EHR, now is the time to start.
- If you have an EHR, you will need to make sure it is certified and can meet meaningful use requirements.

These things simply take time.

How will the REC help?

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- **Maximize funding available to practices & hospitals**
- **Speed adoption timeline**
- **Avoid common mistakes**
- **Help provider to better manage EHR vendor's work**
- **Prepare a roadmap for achieving meaningful use and help practice or hospital get there**

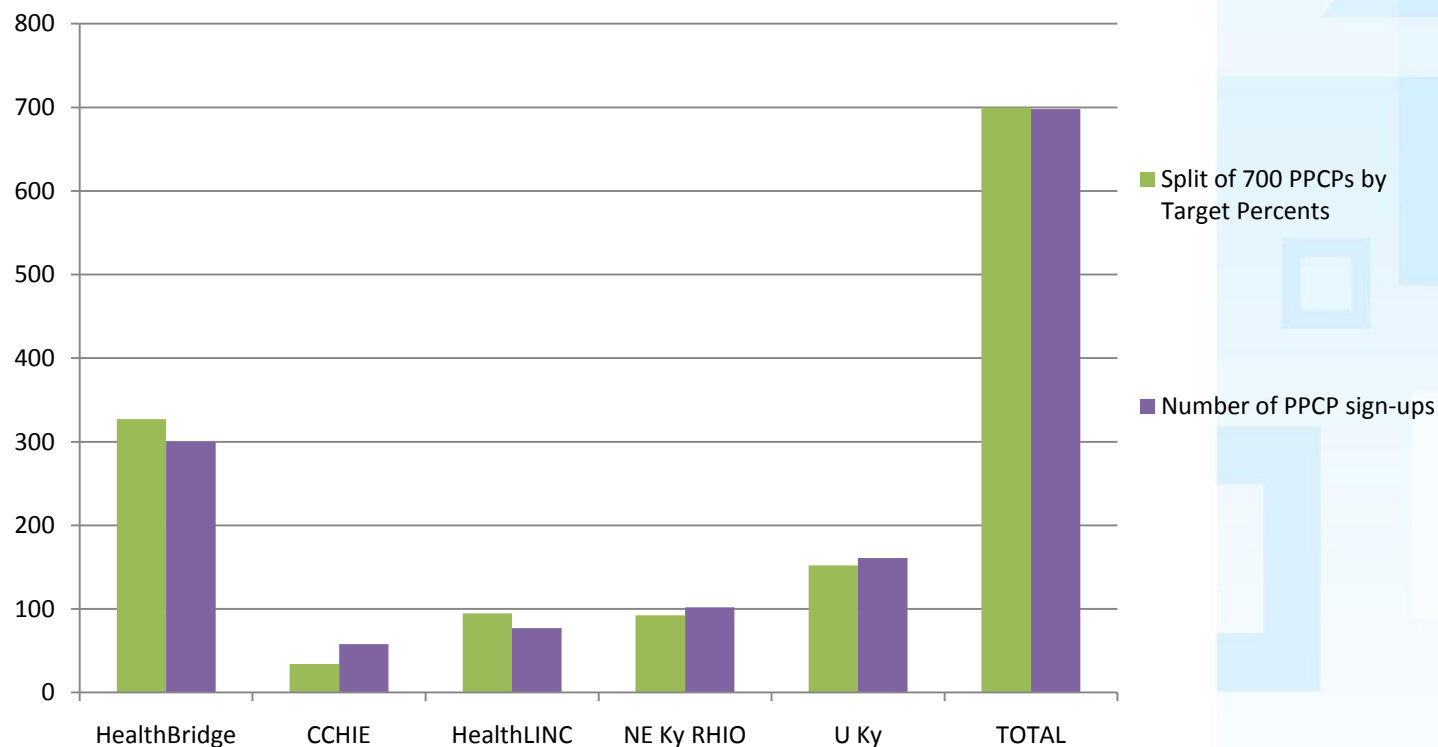
ONC Announced the following 2 REC program changes on December 28, 2010:

1. Increase supplemental funding for Critical Access Hospitals (CAH) from \$12,000 to \$18,000 per CAH.
 - Completed application due to ONC Jan 12
 - Will impact 24 CAHs in our territory
2. REC Cooperative Agreement is extended to FOUR years
 - PPCP Target timeline is 4 instead of 2 years
 - Federal 90/10 match will extend to years 3 and 4
 - Funding after Feb 2012 will depend on biennial evaluation

Fall Provider Recruitment Campaign Update

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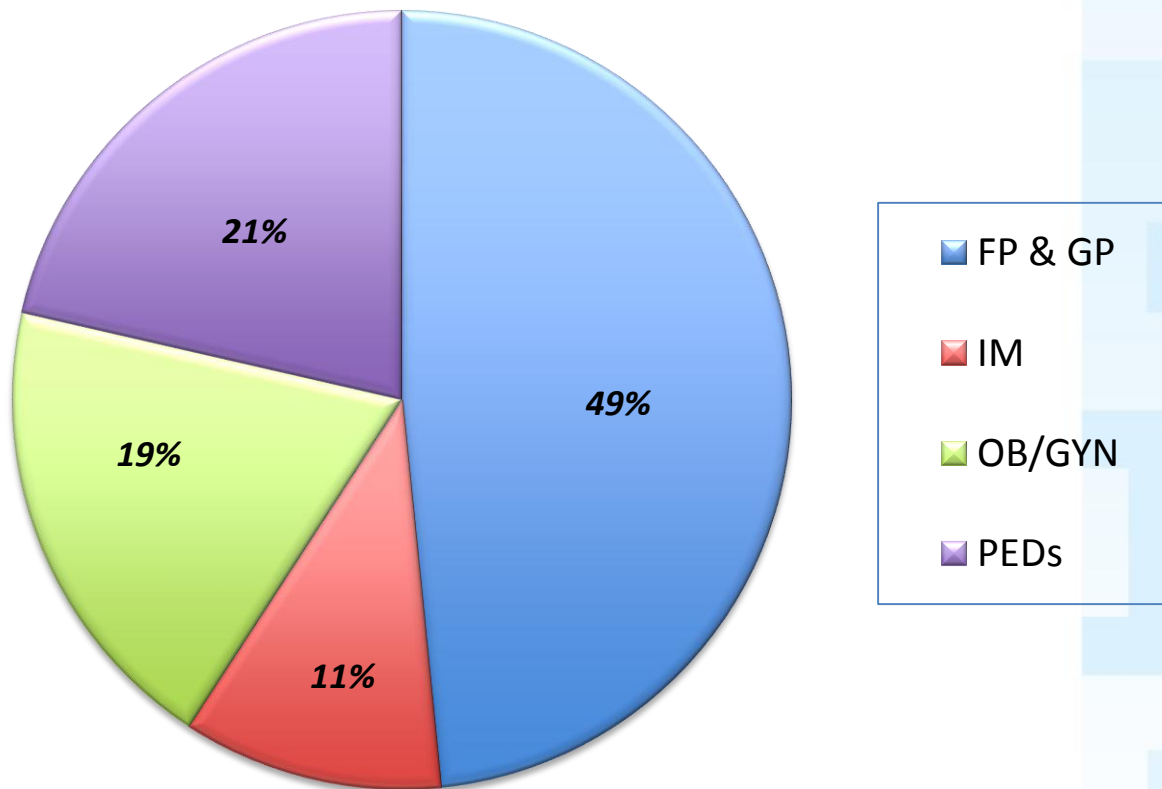
700 Physician Sign Up Goal



REC Recruitment by Provider Type

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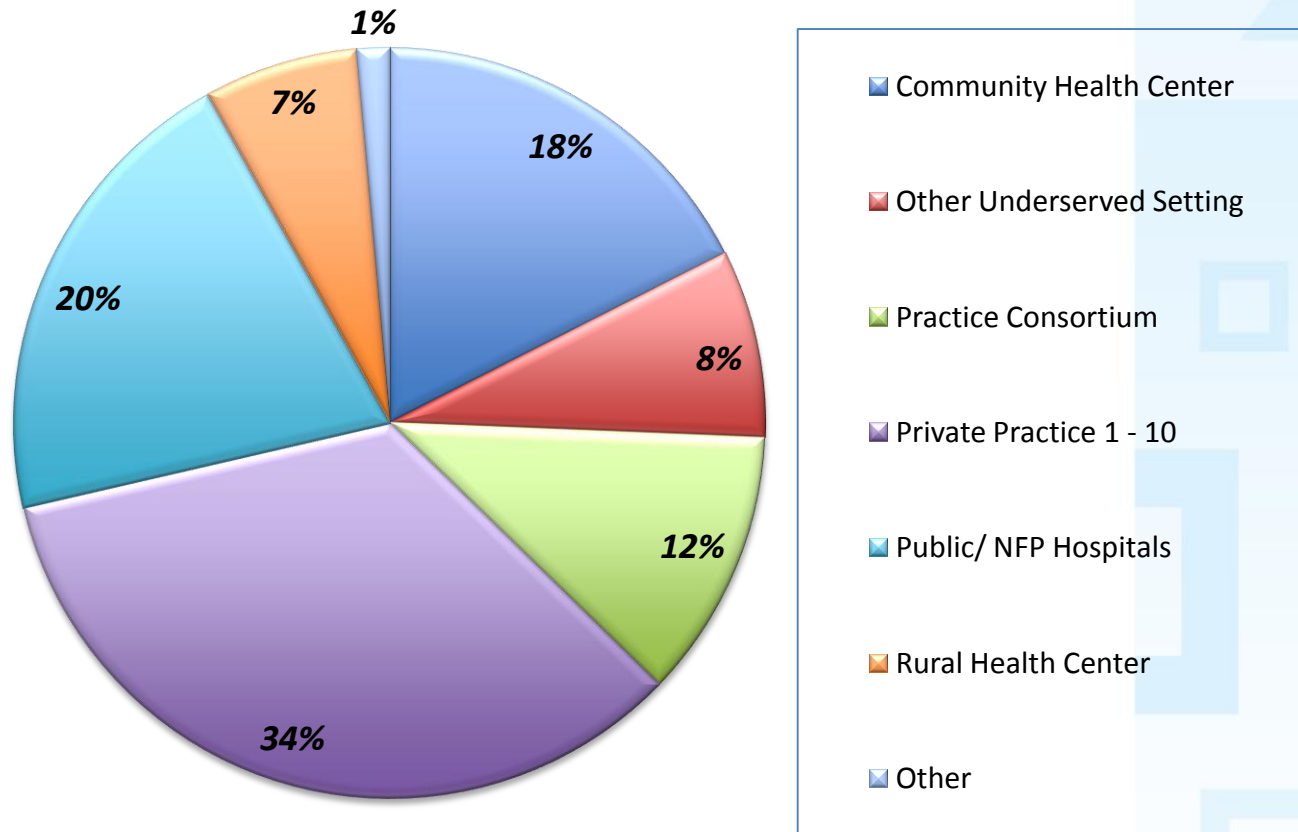
Tri-State REC Sign Up by PPCP Type



REC Recruitment by Organization Type

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Tri-State REC Sign Up by Organization Type



Q1 REC Program Priorities

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- Recruit additional 300 PPCP's across Tri-State territory
- Move at least 300 PPCP's to Milestone 3
- Complete EHR training on supported products
- Spring 2011 Meaningful Use Conference (May 2011)

Questions or need additional information?

- Visit our website, www.healthbridge.org
- Email rec[@healthbridge.org](mailto:rec@healthbridge.org)

Thank you!

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